

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0050944

STATE FILE NUMBER

6986

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

FILED JAN 17 1964

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF
WILLIAM H. MILLER MEDICAL CERTIFICATION

| | | | |
|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u> | | c. CITY OR TOWN <u>Kansas City</u> | |
| Length of stay in lb <u>35 yrs.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Research Hospital</u> | | d. STREET ADDRESS (If outside, give location) <u>367 Forest</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>Esther</u> Middle <u>Dina</u> Last <u>Young</u> | | 4. DATE OF DEATH Month <u>December</u> Day <u>23</u> Year <u>1963</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>10/4/1889</u> |
| 9. AGE (last birthday) <u>74</u> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child Care</u> | | 11. BIRTHPLACE (City and state or country) <u>New Market, Missouri</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child Care</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u> | |
| 11. BIRTHPLACE (City and state or country) <u>New Market, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U S</u> | |
| 13a. FATHER'S NAME <u>Charles Columbus LaMar</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Riddie Bush</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Evan C. Young</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | |
| 16. SOCIAL SECURITY NO. <u>[REDACTED]</u> | | 17. INFORMANT <u>Charles E. Young 108 N. Brighton</u> | |
| 18. CAUSE OF DEATH (Enter only one cause or PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchopneumonia</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 wks.</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease & acute heart failure</u> | | <u>1 mo.</u> | |
| DUE TO (c) <u>Hypertensive heart disease</u> | | <u>years.</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cerebral thrombosis - 2 wks</u> | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <u>1:30 PM</u> Month, Day, Year <u>12/23/63</u> | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION <u>Kansas City, Mo.</u> | |
| 20g. COUNTY <u>Jackson</u> | | 20h. STATE <u>Mo.</u> | |
| 21. I attended the deceased from <u>11/4/61</u> to <u>12/23/63</u> and last saw her alive on <u>12/23/63</u> Death occurred at <u>1:30 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) <u>William H. Miller, M.D.</u> | |
| 22b. ADDRESS <u>4620 E. Nichols Hwy Kansas City, Mo.</u> | | 22c. DATE SIGNED <u>12-24-63</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>12/27/1963</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u> | 23d. LOCATION (City, town, or county) <u>Kansas City, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Earp & Sons Mortuary</u> | | 25. DATE RECD. BY LOCAL REG. <u>12-24-63</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Bessie Smith</u> | | 27. ADDRESS <u>Kansas City</u> | |

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

William H. Enge

Licensed Embalmer No.

4728

P. O. Address

H. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.